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Esther-Grace Henri McNeil

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ORAL HISTORY

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Date 12 July '81

Esther-Grace Henri McNeil
(Signature - Interviewee)

712 Second Ave
Address

Marlinton, W. Va. 24954

Date July 12, 1981

Michael L. Steel
(Signature - Witness)

The following interview took place in the living room of Mrs. Esther McNeil of Marlinton, Pocahontas County, West Virginia on July 12, 1981. Mrs. McNeil tells of her training to become a nurse and of some of her experiences in delivering babies, some of them in settings other than hospitals. Mrs. McNeil was interviewed by Michael Sheets, a graduate student in history at Marshall University in Huntington, West Virginia.

Michael Sheets: Mrs. McNeil, could you tell me a little bit about yourself, uh well, your family background, who your parents were, uh, where they were from, and when and where you were born?

Esther McNeil: Well, I'm a half-breed French woman. My father was the first child born in his family after they emigrated to the United States, and Grandpa Anglicized the name from H-e-n-r-i to H-e-n-r-y. It's not an English name at all; it's strictly a French name. His name was Clement Henri, and my father's name was Jules Edward. My mother is of Scotch-Irish descent. She was the youngest of eighteen children, two mothers, and, uh artistically inclined, had a limited education. My father had gone through the eighth grade and gone to business college in Mount Vernon, Ohio. Uh, both of them just plain, good, honest, hard-working people and had to work for their living. Then, none of us were born with a sp... gold spoon in our mouth. We were of the great working class of people, descended from good, strong people that were used to taking care of themselves, self-sufficient as near as possible, but that era has really passed in time as far as that's concerned, and I can remember the World War I Red Cross nurses, and of course, with sickness in different members of the family, they were all older, I had a lot of uncles, and cou...and aunts and cousins. Uh, as a companion of my grandmother and and mother, I was around, uh, sick people an awful lot, and I just thought it'd be the most wonderful thing in the world to be a nurse!

MS: Now when were you born again?

EM: January the fourth, 1915. I'm pushin' sixty-seven right now (laughing).

MS: O.K.

EM: Anyway, it was always my, uh, lifelong ambition. I, uh, prepared, uh, uh, in high school to go to college, but during the depression years there wasn't money and I didn't have the health. I had contracted, uh, pneumonia from too many activities, extra activ...extra-curricular activities, uh in high school and I was ru...run down and had pneumonia. Uh, a lot of people had pneumonia that summer. It was a real hot summer, and when I was able to get downtown in August, I only weighed eighty pounds. Just wasn't physically strong enough to try to wait tables or help work my way through Wesleyan and I had to give it up and was disappointed with my brother getting married the four, uh, in October of 1933. It was a disappointment to my parents and my father just said he positively had, could not afford to let me go to college and then, uh, marry some, uh, guy that wasn't worth the salt that went in his bread; he just couldn't take the chance. So, I went to business college in order to get my st... my stenographic work, in... in Clarksburg. And then I worked as a pastor's assistant at the, uh, First Methodist Church. The pastor's assistant was away on vacation and I took his place. And in, uh, running the church bulletins, and uh, accepting the payments, the titles and the pledges and uh, mimeographing the bulletin, I was pretty busy. And I, before he came back, I started to take, took the city directory back to the Clarksburg dairy and as I came out my, the high school professor of chemistry came in to pay his milk bill and he asked me (pause) why I didn't take chemistry. And I never thought I would ever take chemistry to 'im, and I very bravely said simply, "Because I was afraid of you!" And he laughed. He was a World War I veteran that was gassed at Château-Thierry and, uh, had ulcers awful bad. Anyway, he said "And now I hear you want to go in nursing training and you need Chemistry." I said, "That's right." (pause) Well, he said "If you'll go see J.A. Jackson, the superintendent of schools, I have a vacancy in my first period class (clock chiming in background) and I'd like to see you fulfill your desires. If you'll come back as a post-graduate student, we'll start the ball rolling so you CAN be a nurse." Why! Everything just seemed to open up. I was accepted, and because I had not finished a world history class as a sophomore, I contracted to pick up at the second six-weeks period and take my world history course. And also, I had avoided the social science course because the teacher was a martinet, and she had the only subject and her assignments were so TERRIBLE that with Latin and French and the other subjects, I just (pause)

couldn't divide my time for that type of study, so I took as a P-G. I went back and got my Chemistry. I got my world history completed that I had started as a sophomore, and I got my social science in and that social science instructress insisted that I take teacher, go to teacher, normal school, and I said "No, I want to be a nurse." Had I had enough foresight at that time I would have gone to Fairmont Normal, gotten my teaching certificate, then gone into nursing training. I would've been prepared to've taught nursing arts, which was my love. But, I was very fortunate to be accepted at the Methodist Hospital in Washington, D.C. I mean, I say Methodist because it was under the auspices of the Women's Home Mission Society, still is, but, at that time, they took their science from Catholic University, very good, very well-founded course, and I had a very good general nursing training. I...

MS: (interrupting) What was the name of the college?

EM: Catholic U. Catholic University. Now, in 1960, they opened up a nine million dollar building on land adjoining American University campus. I'd got my three years of training in as a diploma nurse, for, with my vacations home, on the train and back, for under a thousand dollars, including my wardrobe. (MS: Um-hum) Today, one year at Sibley costs twenty-five hundred dollars.

MS: What a change.

EM: 'Cause it's a four year course now, but their depart... their labor department, their OB department but it has diminished to thirty-five beds. When I was a student at the old Sibley on the Cap...the corner of north Capitol and M Street in Washington, D.C., nine blocks north of the Capitol building, we had a seven-floor hospital, five hundred beds, five hundred, over five hundred practicing physicians that were licensed in the district, and quite a busy hospital. We had an extensive obstetrical department, and it became a love in my life. It's the happiest type of nursing to have. The young mothers are so delightful, and the young daddies are so thrilled, that it's a happy place to be. And I truthfully never had a bad, was scrubbed in on a bad delivery, fortunately. We had the top floor. It was eleven labor beds. There were average of a hundred and fifteen babies every twenty-four hours the three years I was a diplomata student. They had five delivery rooms, and they had a floor of wards, semi-private and big wards of maternity patients. And we stayed, had them stay, fif--fourteen days at that time. We had a lot of phlebitis, and uh, milk leg, but, uh, they had, um, another floor of private patients and they also had in the basement a Jewish circumcisional rite room out of deference to Al Jolson's father who was the cantor in that, one of the cantors in that area. So, I was utterly amazed at the lack of technique which was supposed to be sterile. I was fascinated by the ceremony. That little fella would be strapped to a board to hold him and control him. And the doc...the rabbi

would take his dirty hand and put a sterile glove on and after the sterile glove was contaminated, he would turn in and put the other contam.. glove on the left hand and contaminate it. (MS laughing) Then he would use the, uh, mosquito-nose forceps and split it with a scalpel and circle it, wouldn't even use the bell that they used at that time for circumcision rites. And then that with the forcep was passed around for everybody to look at and they were all "Shalom" and going through their rabbi--rabbinical routine. And upstairs in the mother's room, they were preparing for a big cat..., uh, catered feast. And it was quite, uh, quite something to see. Uh, I still think that the obstetrical part of my training was the best part of it; t'was the happiest part of it.

MS: Now, how long were you in training?

EM: I'm a three-year diploma nurse, and right now I'm working with the external for an external B.S. professional arts degree to put me in a position for the demands of 1985. I'm too old to go back to school to get the further academic training that the younger nurses are getting today, but I have had a world of experience. I've nursed in Bolivia, South America, had a state department contract in the prophylactic medicine with the military families that were present. And I have nursed...well, Scott was born in Alaska when it was 43 degrees below zero in an Air Force base hospital at, uh, Elmendorf. And (pause) beautiful country, people ought to see it, see their own country first before they go elsewhere in the world. Uh, I have done general duty nursing, mostly at night, following my husband in his military career as a regular army officer. And, I've had varied and sundried experiences all over the United States. I've been every place but in the very north Central, like Minnesota, North Dakota, South Dakota, Nebraska, Wisconsin, Iowa, Michigan. I've been in all the other states.

MS: Now, when you were at Sibley, you went three years there?

EM: Three years. A three-year diploma nurse gets accepted at the college as a senior, automatically. Uh, an ab.. an Associate Degree nurse is accepted as a junior. And she has to go take, um, further module studies. It was a terrific learning experience. I had been away from a formal classroom for forty years, but it, I had never been any place where I could have gone to school in a formal classroom. And when I learned of this program through the American Nursing Journal, I bided my time 'til I had sufficiently earned enough money to pay for it myself, including my air fare.

MS: Now when was this that you were at Sibley?

EM: (Interrupting) This past..at Sibley! I graduated. I went in training in September of 1937.

MS: O.K.

EM: So, as of this September, I will have done bedside nursing forty-four years.

MS: And now...

EM: I graduated in 1940, the last grad...graduating class under the auspices of the Women's Home Mission Society, National Project. And, um, the next class was under the auspices of the Women's Society of Christian Service when the Methodist Churches had uh united on paper anyway (laughing). But, um, the training that I had at Sibley is about the best, well-rounded nurses student nursing training program that I have ever come across. We had our psychiatry at St. Elizabeth's, first-hand. We had our pediatrics at the old Children's Hospital that had dispensed with their student program and were doing just affiliation and pediatrics and graduate nurses were coming in for their six months post-graduate courses in pediatrics. Then I had two months, uh, IVNS, visiting nursing experience in the District of Columbia in going into the homes for post-partum setups. Or, uh, uh, whatever the IVNS problem was in the area that I worked in out in, uh, northwest Washington, close to Walter Reed. And, of course, Washington, D.C. is a nucleus of terrific learning experiences. (MS: Um-hum) Now, I wouldn't I still think that the O...obstetrical training that I had, is just as good as it ever was. Basically, that doesn't change. There have been innovative methods, like the LaMaze, which I really prefer and I have seen demonstrated where the baby is passed into a big basin of warm water when it is born and it's just as normal as it can be. It doesn't do all this screaming and like being slapped on the bottom or the back, or having to have injections, or resuscitated in a resuscitator like they used to have when in the operating room when they had a Casearian section. It's been a terrific experience. I wouldn't trade it for all the rice in China.

MS: Now, what all hospitals--you mentioned some of the places you've been--in West Virginia. Where all have you worked?

EM: Clarksburg, at St. Mary's Hospital, and they used to have the Union Protestant, uh, just very close to my home on Washington Avenue. And they have combined now what they call the United Hospital in in Clarksburg (siren in background) And I, uh, nursed at Philippi, West Virginia at the Myers Clinic. They had need for private nurses when they didn't have intensive, before the days of intensive care units. Um, (pause) I've nursed in the homes in Clarksburg; (pause) I've nursed in the homes of heart patients, pneumonia patients, um, contagious diseases. I've nursed at St. Francis Hospital in Miami Beach, Florida. I did some private duty nursing in, uh, Win, no, in North Carolina. I can't remember the name of the town. I was en route to Sarasota to help one of our graduates set up a nursing home, for which there was a crying need. People would plan the lifetime to spend a winter in Florida, and if they get, they didn't count on becoming ill, and if they did, they just were almost broke for paying the prohibitive prices at THAT time. (MS: Um-hum) Because when I graduated, nurses were making sixty dollars (laughing) a month. And within a year, with World War II in the offing, they were making a hundred ten, and of course they have gone up commensurately over the years. They are still the poorest paid of the professionals. (MS: Uh-hum) They're the doctor's right-hand helper. And they

don't get the recognition that they really need. We have a lot of doctors that are still holding on to the old, outmoded, prima donna tactic and that is not being a friend to man. Any my nursing all started because I wanted to help people that needed help. And I've stuck with it. I (pause) nursed in El Paso at Southwestern General Hospital in the labor room, in the labor department, before my husband, um, was sent to Alaska. I nursed friends in Alexandria, Virginia when my husband was stationed at the Pentagon. (pause) I don't remember the names of the hospitals...but I've done a lot of home nursing before they had the intensive care units in the hospitals. In fact, my opinion is that the patients get a lot... get along a lot better at home with family than they do when they are isolated, ostracized, restricted, no one allowed to come near them, they lose hope. (Pause) I have taken refresher courses every ten years. Oklahoma City, I nursed in, in Midwest City Hospital, which was surrounded, they wouldn't give up their identity, so, uh, Oklahoma City, uh, surrounded them. And in Midwest City, about the eight thousand block outside of the heart of Mid...uh, of Oklahoma City when my husband was there with Second Region of RADCOM. Uh, I've started nursing daytime, was in charge of medications, and then I went on, they asked me to come on night duty to help discover to search out, uh, a problem that they had with their personnel at night. And I also, on this, it was the first hospital (phone ringing) I'd ever worked in where they had everything they wanted, didn't have to save on linens or supplies or anything. And, I would have to go from the Med-surgical floor over to the obstetrical floor and start IV's. I mean, gown-up and get, uh, sterile, and start IV's on all the patients in labor, in the maternity ward. And that was a very satisfying (phone stops ringing) experience. Those are the most outstanding that I can name right now.

MS: Uh, when did you come back to West Virginia?

EM: When my husband retired.

MS: What year was that?

EM: 1970. (Sigh) He came, he...he helped move, uh, some of the items that he thought his weight would be too heavy for the military move, final move. And he bought a truck with a cab over it and carried a lot of heavy stuff that we had saved over the years, but, uh, I stayed there and, uh, turned the keys over to the new owners, and cleaned up and then I came in the first of September in 1970. And in about, oh, we began to alter the house, uh, it was in need of repair. Bill's father had passed away, and it had been empty for quite some time, and there was a lot of (clock chiming) repair needed to be done, and we couldn't find anybody to do it, and my husband said, "Well, if I can read, and I can handle a saw, and a nail and hammer..." So we pitched in and to renovate it ourselves. And in the process the local hospital came and asked me to work for them. They were short-handed. And, I, uh...

MS: Now, was this the...?

EM: The Pocahontas Memorial Hospital in Marlinton, practically three doors from my back door. It was very convenient, but the, uh, in fighting, uh, the local professional political setup was left a lot to be desired, and was very unhappy at it, and, uh, finally, one day the straw broke the camel's back and I just resigned.

MS: What kind of work did you do there? What was your job?

EM: When I first started I was just a staff, general duty nurse. But, uh, there was an upheaval in the upper echelons and the di...the administrator insisted that I act, uh, temporarily, as the director of nurses. I was not qualified for such, I felt the responsibility too great. I tried my best, the understanding that I (nause) had of trying in-service education and I didn't get the cooperation from the administrator. And he was rather uncouth, and vulgar, uh, cursing quite a bit when I would appeal to him for borrowing a projector, renting slides, having lectures for the nurses' aides, the LPN's and the other RN's who were there. And it was always very unsatisfactory. "Hell Mac, I don't have the money!" Come to find out, he was pocketing it: he was lining his own pockets and he didn't last too long. But, I resigned. He didn't give me a moment's notice when he was going to push me into a position that I did not want, to be away from my husband for the evening, and I told him so, and I knew why. I had a difference with an old-time doctor that had never had any graduate training. He was just as good a doctor as he was the day he graduated as far as that concerned in the community. But he was old-fashioned. He was not innovative, not the least bit progressive. Unfortunately, he can't defend himself from my thoughts about him. I'm entitled to my thoughts, and he's dead. But I resigned from the hospital. I was unhappy over the situation I was forced into, and I began to take continuing education courses from Morgantown at Denmar. Uh, a geriatric, extended-care hospital in the southern part of the county in 1975. And...I'm running into the same difficulty now. It's not too satisfactory except I love the old people. They need somebody to listen to them. I work at night so that I don't have anybody bird doggin' me (door slams) around in the daytime, falling...finding fault with what I'm doing. I'm my own person in at night. I'm the only RN in the hundred sixty-five bed hospital. I have about thirty-five people that I supervise. And I have a little contention among some of them, like there is every place else in the world today. You can't, like Aeson of ancient Greece, you could not please all the people all the time. (MS: um-hum) But it is rewarding in the fact that I know, I have the satisfaction of knowing, I'm doing the best I know how with all the accumulation of years of experience trying to fit myself into their program. I only work part-time now because of poor health. But it isn't because... the spirit is willing, the flesh is weak.

MS: Now, you've, uh, mentioned to me already that you're not a licensed midwife.

EM: Right.

MS: But that is somewhat of a desire of yours...

EM: Definitely. But you see, it requires just a little more education. And I have started the ball rolling by trying to get the external B.S. degree in, uh, professional arts, which I feel will be helpful. It'll help me with, uh, not having to put in too many academic hours.

MS: Uh, you've mentioned that you have home, given some hó...had some home deliveries that you took care of.

EM: (Interrupting) Yes, and they were very interesting.

MS: O.K. About how many?

EM: Four.

MS: Could you tell me about those?

EM: Well, uh, they've been on a gratis basis because I knew that if I charge for services that, uh, the authorities would get after me. I'm just sort of a good neighbor with a lot of know-how. And I would rather see a woman have her baby in her home environment where there is less chance of infection...situations like that, they're a lot happier.

MS: Could you relate anything of the experiences themselves, as to exactly what you did, how the delivery went?

EM: Well, I still have other people coming to me to ask my advice how to proceed in having a home delivery. I don't know whether I could function now or not due to my part-time work because you never can tell what time the baby is coming and I don't like to obligate myself if I can't follow through. Um, the trend is toward more home deliveries and I would like to be able to retire permanently fr... away from the hospital and just be available when someone wants to have a home delivery. (Um-hum) I don't want any money for it. I don't need the money. My husband supports me very well as a retired Army colonel. And I know I'm doing the right thing. I know I'm not gonna do anything harmful. (MS: Um-hum) And they come to me and I'll sit down and talk to them about ...make the plans ahead of time, how to have a home delivery with what they have (cough) not going to the expense of a lot of fancy equipment that really isn't necessary.

MS: Briefly, what do you tell them to do: what do they have to prepare for?

EM: Well, I really, uh, ahere to the LaMaze, uh, relaxation, breathing, uh, exercises. Get their mind off of, of, uh, the discomfort of the cramping of the contractions. (MS: Um-hum) Get them to breathing and concentrating on that and getting the husband's help too. And the woman is so much happier to be able to have her husband there with her. And it's just a beautiful situation. I don't know of anything, I haven't so far run into any difficulties. (MS: Um-hum) And I haven't strayed from what I was taught, either.

MS: You mentioned to me earlier when we were talking about a lady who came in to the hospital. Would you go over that story with me?

EM: Which one was that? (laughing)

MS: O.K., that was the doctor's daughter.

EM: Oh...

MS: A doctor's daughter...

EM: Yes. Well, here in the Appalachian area, we have counties of (End of Side 1; Begin Side 2) Alright in Appalachia areas, from Maine to Florida, uh, to Georgia really, we have people that want to get back to nature. They want to struggle with the rough earth, and live as naturally as possible. And they are becoming increasingly interested in home deliveries. Uh, they have lots of questions to ask, they are better educated than the people used to be, and they, uh, when they seek it, they're intense in their feelings about it and they follow through. But one night there was a doctor's daughter in one of these communes very dirty from her feet to her knees, wrapped in a tattletale grey shirt with the placental membranes hanging from her. The husband was so enraptured with taking movies of the procedure that the mother was a little bit neglected. And, uh, uh, (husband interrupts with message. Recorder is turned off) A large woman came in, very distraught and she was tense, and all these membranes hanging between her legs, needing a D and C because the uterus had clamped down on the afterbirth. Uh, the baby was dirty. Its umbilical cord was tied with an old brown boot lace and it didn't have anything on except just a dirty cotton blanket. And the hospital didn't permit it in its healthy nursery because of her filth. I just can't imagine (door opens, tape is stopped and started again) The woman fortunately had a successful D and C and was put on antibiotics and recovered, but the situation was not ideal as far as I'm concerned because they were having a regular party, noting every moment of the delivery and all they could talk about was how beautiful it was, when it wasn't really. The condition that she was left in was real sad.

MS: (low chuckle) Have you come across any other interesting circumstances with delivering babies either at home or at hospitals that you'd feel free to relate on tape?

EM: Oh, I think sometimes they take the nurses and poke fun at 'em. I remember assisting a doctor in a breech delivery and it was a little boy and the scrotal area was so swollen and it came out first as the presenting part, and he jokingly told me he thought it was going to be bald, (MS: laughing) which I resented. And the famous phrase for any of them that can remember those years past, uh, if it was a boy the doctor would announce that he had a tea kettle, and if it was a little girl, she was gonna wear lipstick. One winter after I came home, to be with my parents, I went with an osteopath to deliver a baby in a coal miner's camp, uh, the house papered with newspaper. It was just two rooms

and there was a bedroom, and then the living room, kitchen, and eating facilities were all in one room. They had a big, big pot belly, burnside stove, burned coal. And, uh, 'course I didn't really do the delivery, but I took care of the baby for the doctor. And, uh, I sort of admired him, uh, of a distance, because when I graduated from high school he graduated from osteopathic college and he was pretty gung-ho on deliveries. And he would give an osteopathic adjustment every hour. He had, uh, rented a large home and converted into an obstetrical clinic. And I remember a particularly... one case where a woman had and her husband been married for several years and wanted a baby so strongly that she submitted herself to regular osteopathic treatments. And when she went into la... when she got pregnant they were thrilled. And the day that she began to have contractions, uh, the doctor would give her an osteopathic adjustment once every hour. I had never seen a woman able to control herself, at that time, like she did.

MS: Now, what was an osteopathic....?

EM: This, uh, this he had this big residence on East Main Street in Clarksburg, he had converted the upstairs into bedrooms and a delivery room. He didn't have a gurney to carry her, he picked her up, she was a small one, picked her bodily and took her into the delivery table and, uh, prepared to wait the presenting part and she was up on her elbows watching him and saying "Oh, for goodness sake, for goodness sake! Isn't this wonderful?" She had no pain whatsoever.

MS: You mentioned the adjustment stuff. What was that?

EM: Osteopathic adjustments?

MS: Right.

EM: They, well, you have to understand osteopathy. A lot of the MD's resent an osteopath. I don't know why. It may be professional jealousy. I'm not sure. But I do know from my own personal experience of having suffered from frozen shoulders, both of them, plus a sprained back from a fall that their theory. Dr. Steele when he was in med school had a classmate that was crippled and when they were learning the manipu--the manipulation of the joints and keeping them in proper alignment, his friend got better and they theorized on the result and ost...osteopathy was born. "Osteo" meaning bone, therapy is what it amounts to. But not only do they have the qualifications of a full-fledged MD, they have two added years of education of the bones and their unions and you kept them health...in alignment, you maintain your bodily health. And old, uh bone-setter Riis, a famous football, uh, osteopath, took care of one of the Cal, I believe of the California football team and got them back into play by putting, keeping, putting the bones back into their proper position. If they had a sprain, or a dislocation, they called Bone-setter Riis, I think his name was spelled R-i-i-s, probably a Dutch name. But a lot of football teams or athletic teams have an osteopath available to be able to put the bones back in proper alignment. And, uh, the only thing I ever saw this

osteopath do was just, uh, go up and down the spine and rub the bones...relieve the pressure in certain areas. And his name was Leroy Sparks. He went to a Kirksville, Missouri school. I remember when he was in high school. I was in junior high and he worked part-time as a clerk in the A & P store. And he had a ukelele and a girl that played the piano, and he gave musical reading. And I was taking elocution at the time to bring me out of my bashfulness, incidentally, which went the way of all...disappeared when I became a nurse because I was taught to go in and present myself to a patient and announce that I was to do their care of the morning. And, uh, I soon learned to overcome my shyness but it took a long time. But, anyway, uh, I had, uh, always admired Dr. Sparks when he was a high school kid and I was in junior high. I thought he was a real pretty man. Like the children, er, girls of the age, boys too will fantasize, but when he needed help in a home delivery, I was willing to go with him. And he was making a great headway with his obstetrical practice, and the MD's in Clarksburg got together...He had just bought a new X-ray machine and was making great headway with his obstetrical practice when they forced him to be drafted. And he was sent to Ft. Hayes, Ohio. The Army would not recognize osteopathy at that time and he became an orderly rushing bedpans at Ft. Hayes, Ohio.

MS: That's a shame.

EM: Yes, it is. Man's injustice to man. And when I was, when my husband was at the Pentagon, the doctor who lobbied with Congress and obtained recognition for the capabilities of an osteopath in 1976, still lived in Alexandria, and his son was an osteopath, and I met both of them. Delightful people!

MS: Do you recall their names?

EM: I don't remember his name right now. I didn't hear it often enough but, uh, osteopathy has its place in health care. And I actually have seen many women delivered with osteopathic adjustments during their active labor, and absolutely no problems whatsoever. And the women were just utterly amazed and they were ready for their next baby. They didn't have any of this fearsome Granny stuff to create confusion. It's beautiful. And then LaMaze method comes out, and I've...it's by far the best. And you can, as the baby crowns, if you will just take your fingers and massage the fourchette at the floor of the vagina, and you can stretch that out using a little pressure and keep massaging that way and get, keep the mother with her regular breathing and her husband helping her, getting her mind off of the discomfort. And she knows when the contractions come, and she knows when the bearing down time comes, she doesn't have to be told. There wasn't, I, I haven't had a tear at all. And they're prepared and they know what to expect. It... they, you... the cooperation is beautiful. It's a far cry from twilight sleep that Dr. Cotts used in the District of Columbia.

MS: What type of superstitions, old wives tales or whatever, surrounding pregnancy and birth, have you run into in this area?

EM: Oh, here? (MS: Um-hum) Eat, eat, feed for two, eat, eat! That is, the grannies. And, of course, uh, fashion world has come out with a little more, uh, uh, a prettier type of maternity outfit. They don't look like they used to in their ol' Mother Hubbard. And of course, the doctors do discourage the excess weight because it makes for eclampsia...which can mean death to both of them...(MS: Um-hum) If it's not treated properly. And they watch their weight. They, the doctors have a different attitude altogether. They don't like to have home deliveries. They're more prone, now the...uh, some of them will, in emergency, they'll meet you at the hospital, but I think the acceptance by the younger generation is going to bring them around to it. We're getting a group of doctors in here who believe in GP's. That's their sole purpose in coming into this Appalachian area...to do some home practice.

MS: That's good.

EM: And that's the way they all started. (MS: Uh-hum) Really.

MS: So, you think in the next few years we're gonna see the...

EM: I think there will be more of them.

MS: ...home visit by the doctor come back into style?

EM: I think that the mother will be more prone to have her baby at home with the family where there will be less contamination. Oh, staph infections in the hospital is the worst plague that could come to anybody. And hospitals are prone because there's always somebody to break the technique. No matter how many times you wash your hands between patients, even each baby. Staph can travel through the air ducts. And a staph breakout is just, well it decimates the babies: it's bad. (MS: Yeah.)

EM: And impetigo is another one, poor cleanliness. Somebody..."Oh, I just won't bother this time." That may be the very time that they're makin' bad contact, a dirty contact. And you've got to be as scrupulously clean as you possibly can. I remember the Miss Linroot who worked in the, uh, for the Public Health, wrote a book. She was a graduate of our hospital one of the first that was accepted there in the government, uh, pre and post-natal care and the diagrams were very plain. But it showed a mother how she could prepare her bed protection, uh, with a shower curtain over the mattress. And over top of that take several layers of newspaper and uh, uh, clean cloth, and it can be an old sheet, an old flour bag, CLEAN, and stitch it around, uh, tied knots like a quick comforter that's familiar to people in Appalachia, and pad the bed with that. Uh, don't necessarily have to have the latest, uh, legal scale. Uh, the baby doesn't have to be weighed. You don't have to give an enema. Babies have been born, uh, without it because when that presenting part is there it shuts off that mechanism. (MS: Um-hum) And it's up to the nurse or the attendant to see to it that the newborn babe doesn't get contamination into the umbilical cut area because that could set up bad infection.(MS: Um-hum) The best thing is the most important thing and you need to prepare

the breast by, uh, if you intend (clock chiming) to breast feed scrub the nipples thoroughly with soapy water, twice a day, rinse it, dry it, and a splash of alcohol, will toughen the nipple tissue. And you won't have fissures or bleeding or any difficulties with the baby and it won't hurt the mother. I speak from experience because I learned first-hand in the visiting nursing there in Washington, D.C. that the mothers who would, wanted to do that prepared themselves ahead of time, they had no problem. And I had a home delivery one time that (pause) he worked for the agricultural department. They lived in a small apartment. They were from Utah, they were Mormons. They wanted a home delivery. And the woman was just as flat-chested as a man. But I persisted with her and worked with her, with the baby, and that baby brought her inverted nipples out. We worked as a team and the father was encouraging too. And that was about one of the earliest deliveries that I experienced, that I had outside the home, I mean outside the hospital. And, why they were so pleased and she developed the most beautiful bosom you ever saw. But she persisted, she didn't give up. She was delivered on the dining room table. (MS: Um!) And the daddy helped her shove he supported her at her back. (Softly) It can be done.

MS: Yeah...Why I wanna thank you. You've really given me a lot of good information and just the talk before the interview too, was very interesting...family history...

EM: I didn't mean to give you all that personal information be...

MS: Well, I enjoyed it.

EM: But it does help you understand my attitude toward pre- and post-natal care.

MS: It sure did. And I want to thank you very much, Mrs. McNeil.

EM: You're welcome.



MARSHALL UNIVERSITY

HUNTINGTON, WEST VIRGINIA 25701

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ORAL HISTORY

GIFT AND RELEASE AGREEMENT

I, Esther-Grace Henri McNeil, the undersigned, of
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Date 12 July '81

Esther-Grace Henri McNeil
(Signature - Interviewee)

712 Second Ave
Address

Marlinton, W. Va. 24954

Date July 12, 1981

Michael L. Steel
(Signature - Witness)

ORAL HISTORY OF APPALACHIA

MASTER WORKSHEET

INTERVIEWEE Esther-Grace Henri McNeil

DATE & PLACE OF BIRTH January 4, 1915

INTERVIEWER Michael Sheets

INTERVIEW DATE July 12, 1981

PLACE OF INTERVIEW Marlinton, WV

SESSION NUMBER

LOCAL AGREEMENT



YES

NO

NOTES:

In her interview, Mrs. McNeil reflects on school, then talks abouts her training to become a nurse and some of her experiences delivering babies, both in and out of hospitals.



MARSHALL UNIVERSITY

ORAL HISTORY OF APPALACHIA

HUNTINGTON, WEST VIRGINIA 25701

The Marshall University Oral History of Appalachia Program is an attempt to collect and preserve on tape the rich, yet rapidly disappearing oral and visual tradition of Appalachia by creating a central archive at the James E. Morrow Library on the Marshall campus. Valued as a source of original material for the scholarly community, the program also seeks to establish closer ties between the varied parts of the Appalachian region—West Virginia, Virginia, Ohio, and Kentucky.

In the Spring of 1972, members of the Cabell-Wayne Historical Society joined with Dr. O. Norman Simpkins, Chairman, Department of Sociology and Anthropology, and Dr. Michael J. Galgano of the Department of History in establishing the program. The Historical Society and other community organizations provided the first financial support and equipment. In April 1974, the Oral History program received a three year development grant from the Marshall University Foundation allowing for expansion and refinement. In 1976, the program became affiliated with New York Times Microfilm Corporation of America. To date, approximately 4,200 pages of transcribed tapes have been published as part of the New York Times Oral History Program. These materials represent one of the largest single collections of Appalachian oral materials in existence. Royalties earned from the sale of the transcripts are earmarked for the continuation of the program.

The first interviews were conducted by Marshall University History and Sociology students. Although students are currently involved in the program, many interviews are conducted by the Oral History staff. Graduate students are strongly encouraged to participate in the program by taking special topic courses in oral history under the supervision of Dr. Robert Maddox, program director since September 1978.

The program seeks to establish contacts with as broad a variety of regional persons as possible. Farmers, physicians, miners, teachers, both men and women all comprise a significant portion of the collection. Two major types of interviews have been compiled: the whole life and the specific work experience. In the whole life category, the interviewer attempts to guide subtly the interviewee through as much of his or her life as can be remembered. The second type isolates a specific work or life experience peculiar to the Appalachian region and examines it in detail. Although both types of interviews are currently being conducted, emphasis is now placed on the specific work experience. Recent projects are concerned primarily with health care, coal mining, and the growth of labor organizations.

Parts II and III of the Oral History of Appalachia collection were compiled by Dr. Robert F. Maddox, Director, and processed by Ms. Brenda Perego.

Dr. Robert F. Maddox, Director
Ms. Brenda Perego, Processor

The following interview took place in the living room of Mrs. Esther McNeil of Marlinton, Pocahontas County, West Virginia on July 12, 1981. Mrs. McNeil tells of her training to become a nurse and of some of her experiences in delivering babies, some of them in settings other than hospitals. Mrs. McNeil was interviewed by Michael Sheets, a graduate student in history at Marshall University in Huntington, West Virginia.

Michael Sheets: Mrs. McNeil, could you tell me a little bit about yourself, uh well, your family background, who your parents were, uh, where they were from, and when and where you were born?

Esther McNeil: Well, I'm a half-breed French woman. My father was the first child born in his family after they emigrated to the United States, and Grandpa Anglicized the name from H-e-n-r-i to H-e-n-r-y. It's not an English name at all; it's strictly a French name. His name was Clement Henri, and my father's name was Jules Edward. My mother is of Scotch-Irish descent. She was the youngest of eighteen children, two mothers, and, uh artistically inclined, had a limited education. My father had gone through the eighth grade and gone to business college in Mount Vernon, Ohio. Uh, both of them just plain, good, honest, hard-working people and had to work for their living. Then, none of us were born with a sp... gold spoon in our mouth. We were of the great working class of people, descended from good, strong people that were used to taking care of themselves, self-sufficient as near as possible, but that era has really passed in time as far as that's concerned, and I can remember the World War I Red Cross nurses, and of course, with sickness in different members of the family, they were all older, I had a lot of uncles, and cou...and aunts and cousins. Uh, as a companion of my grandmother and and mother, I was around, uh, sick people an awful lot, and I just thought it'd be the most wonderful thing in the world to be a nurse!

MS: Now when were you born again?

EM: January the fourth, 1915. I'm pushin' sixty-seven right now (laughing).

MS: O.K.

EM: Anyway, it was always my, uh, lifelong ambition. I, uh, prepared, uh, uh, in high school to go to college, but during the depression years there wasn't money and I didn't have the health. I had contracted, uh, pneumonia from too many activities, extra activ...extra-curricular activities, uh in high school and I was ru...run down and had pneumonia. Uh, a lot of people had pneumonia that summer. It was a real hot summer, and when I was able to get downtown in August, I only weighed eighty pounds. Just wasn't physically strong enough to try to wait tables or help work my way through Wesleyan and I had to give it up and was disappointed with my brother getting married the four, uh, in October of 1933. It was a disappointment to my parents and my father just said he positively had, could not afford to let me go to college and then, uh, marry some, uh, guy that wasn't worth the salt that went in his bread; he just couldn't take the chance. So, I went to business college in order to get my st... my stenographic work, in... in Clarksburg. And then I worked as a pastor's assistant at the, uh, First Methodist Church. The pastor's assistant was away on vacation and I took his place. And in, uh, running the church bulletins, and uh, accepting the payments, the titles and the pledges and uh, mimeographing the bulletin, I was pretty busy. And I, before he came back, I started to take, took the city directory back to the Clarksburg dairy and as I came out my, the high school professor of chemistry came in to pay his milk bill and he asked me (pause) why I didn't take chemistry. And I never thought I would ever take chemistry to 'im, and I very bravely said simply, "Because I was afraid of you!" And he laughed. He was a World War I veteran that was gassed at Château-Thierry and, uh, had ulcers awful bad. Anyway, he said "And now I hear you want to go in nursing training and you need Chemistry." I said, "That's right." (pause) Well, he said "If you'll go see J.A. Jackson, the superintendent of schools, I have a vacancy in my first period class (clock chiming in background) and I'd like to see you fulfill your desires. If you'll come back as a post-graduate student, we'll start the ball rolling so you CAN be a nurse." Why! Everything just seemed to open up. I was accepted, and because I had not finished a world history class as a sophomore, I contracted to pick up at the second six-weeks period and take my world history course. And also, I had avoided the social science course because the teacher was a martinet, and she had the only subject and her assignments were so TERRIBLE that with Latin and French and the other subjects, I just (pause)

couldn't divide my time for that type of study, so I took as a P-G. I went back and got my Chemistry. I got my world history completed that I had started as a sophomore, and I got my social science in and that social science instructress insisted that I take teacher, go to teacher, normal school, and I said "No, I want to be a nurse." Had I had enough foresight at that time I would have gone to Fairmont Normal, gotten my teaching certificate, then gone into nursing training. I would've been prepared to've taught nursing arts, which was my love. But, I was very fortunate to be accepted at the Methodist Hospital in Washington, D.C. I mean, I say Methodist because it was under the auspices of the Women's Home Mission Society, still is, but, at that time, they took their science from Catholic University, very good, very well-founded course, and I had a very good general nursing training. I...

MS: (interrupting) What was the name of the college?

EM: Catholic U. Catholic University. Now, in 1960, they opened up a nine million dollar building on land adjoining American University campus. I'd got my three years of training in as a diploma nurse, for, with my vacations home, on the train and back, for under a thousand dollars, including my wardrobe. (MS: Um-hum) Today, one year at Sibley costs twenty-five hundred dollars.

MS: What a change.

EM: 'Cause it's a four year course now, but their depart... their labor department, their OB department but it has diminished to thirty-five beds. When I was a student at the old Sibley on the Cap...the corner of north Capitol and M Street in Washington, D.C., nine blocks north of the Capitol building, we had a seven-floor hospital, five hundred beds, five hundred, over five hundred practicing physicians that were licensed in the district, and quite a busy hospital. We had an extensive obstetrical department, and it became a love in my life. It's the happiest type of nursing to have. The young mothers are so delightful, and the young daddies are so thrilled, that it's a happy place to be. And I truthfully never had a bad, was scrubbed in on a bad delivery, fortunately. We had the top floor. It was eleven labor beds. There were average of a hundred and fifteen babies every twenty-four hours the three years I was a diplomata student. They had five delivery rooms, and they had a floor of wards, semi-private and big wards of maternity patients. And we stayed, had them stay, fif--fourteen days at that time. We had a lot of phlebitis, and uh, milk leg, but, uh, they had, um, another floor of private patients and they also had in the basement a Jewish circumcisional rite room out of deference to Al Jolson's father who was the cantor in that, one of the cantors in that area. So, I was utterly amazed at the lack of technique which was supposed to be sterile. I was fascinated by the ceremony. That little fella would be strapped to a board to hold him and control him. And the doc...the rabbi

would take his dirty hand and put a sterile glove on and after the sterile glove was contaminated, he would turn in and put the other contam.. glove on the left hand and contaminate it. (MS laughing) Then he would use the, uh, mosquito-nose forceps and split it with a scalpel and circle it, wouldn't even use the bell that they used at that time for circumcision rites. And then that with the forcep was passed around for everybody to look at and they were all "Shalom" and going through their rabbi--rabbinical routine. And upstairs in the mother's room, they were preparing for a big cat..., uh, catered feast. And it was quite, uh, quite something to see. Uh, I still think that the obstetrical part of my training was the best part of it; t'was the happiest part of it.

MS: Now, how long were you in training?

EM: I'm a three-year diploma nurse, and right now I'm working with the external for an external B.S. professional arts degree to put me in a position for the demands of 1985. I'm too old to go back to school to get the further academic training that the younger nurses are getting today, but I have had a world of experience. I've nursed in Bolivia, South America, had a state department contract in the prophylactic medicine with the military families that were present. And I have nursed...well, Scott was born in Alaska when it was 43 degrees below zero in an Air Force base hospital at, uh, Elmendorf. And (pause) beautiful country, people ought to see it, see their own country first before they go elsewhere in the world. Uh, I have done general duty nursing, mostly at night, following my husband in his military career as a regular army officer. And, I've had varied and sundried experiences all over the United States. I've been every place but in the very north Central, like Minnesota, North Dakota, South Dakota, Nebraska, Wisconsin, Iowa, Michigan. I've been in all the other states.

MS: Now, when you were at Sibley, you went three years there?

EM: Three years. A three-year diploma nurse gets accepted at the college as a senior, automatically. Uh, an ab.. an Associate Degree nurse is accepted as a junior. And she has to go take, um, further module studies. It was a terrific learning experience. I had been away from a formal classroom for forty years, but it, I had never been any place where I could have gone to school in a formal classroom. And when I learned of this program through the American Nursing Journal, I bided my time 'til I had sufficiently earned enough money to pay for it myself, including my air fare.

MS: Now when was this that you were at Sibley?

EM: (Interrupting) This past..at Sibley? I graduated. I went in training in September of 1937.

MS: O.K.

EM: So, as of this September, I will have done bedside nursing forty-four years.

MS: And now...

EM: I graduated in 1940, the last grad...graduating class under the auspices of the Women's Home Mission Society, National Project. And, um, the next class was under the auspices of the Women's Society of Christian Service when the Methodist Churches had uh united on paper anyway (laughing). But, um, the training that I had at Sibley is about the best, well-rounded nurses student nursing training program that I have ever come across. We had our psychiatry at St. Elizabeth's, first-hand. We had our pediatrics at the old Children's Hospital that had dispensed with their student program and were doing just affiliation and pediatrics and graduate nurses were coming in for their six months post-graduate courses in pediatrics. Then I had two months, uh, IVNS, visiting nursing experience in the District of Columbia in going into the homes for post-partum setups. Or, uh, uh, whatever the IVNS problem was in the area that I worked in out in, uh, northwest Washington, close to Walter Reed. And, of course, Washington, D.C. is a nucleus of terrific learning experiences. (MS: Um-hum) Now, I wouldn't I still think that the O...obstetrical training that I had, is just as good as it ever was. Basically, that doesn't change. There have been innovative methods, like the LaMaze, which I really prefer and I have seen demonstrated where the baby is passed into a big basin of warm water when it is born and it's just as normal as it can be. It doesn't do all this screaming and like being slapped on the bottom or the back, or having to have injections, or resuscitated in a resuscitator like they used to have when in the operating room when they had a Casearian section. It's been a terrific experience. I wouldn't trade it for all the rice in China.

MS: Now, what all hospitals--you mentioned some of the places you've been--in West Virginia. Where all have you worked?

EM: Clarksburg, at St. Mary's Hospital, and they used to have the Union Protestant, uh, just very close to my home on Washington Avenue. And they have combined now what they call the United Hospital in Clarksburg (siren in background) And I, uh, nursed at Philippi, West Virginia at the Myers Clinic. They had need for private nurses when they didn't have intensive, before the days of intensive care units. Um, (pause) I've nursed in the homes in Clarksburg; (pause) I've nursed in the homes of heart patients, pneumonia patients, um, contagious diseases. I've nursed at St. Francis Hospital in Miami Beach, Florida. I did some private duty nursing in, uh, Win, no, in North Carolina. I can't remember the name of the town. I was en route to Sarasota to help one of our graduates set up a nursing home, for which there was a crying need. People would plan the lifetime to spend a winter in Florida, and if they get, they didn't count on becoming ill, and if they did, they just were almost broke for paying the prohibitive prices at THAT time. (MS: Um-hum) Because when I graduated, nurses were making sixty dollars (laughing) a month. And within a year, with World War II in the offing, they were making a hundred ten, and of course they have gone up commensurately over the years. They are still the poorest paid of the professionals. (MS: Uh-hum) They're the doctor's right-hand helper. And they

don't get the recognition that they really need. We have a lot of doctors that are still holding on to the old, outmoded, prima donna tactic and that is not being a friend to man. Any my nursing all started because I wanted to help people that needed help. And I've stuck with it. I (pause) nursed in El Paso at Southwestern General Hospital in the labor room, in the labor department, before my husband, um, was sent to Alaska. I nursed friends in Alexandria, Virginia when my husband was stationed at the Pentagon. (pause) I don't remember the names of the hospitals...but I've done a lot of home nursing before they had the intensive care units in the hospitals. In fact, my opinion is that the patients get a lot... get along a lot better at home with family than they do when they are isolated, ostracized, restricted, no one allowed to come near them, they lose hope. (Pause) I have taken refresher courses every ten years. Oklahoma City, I nursed in, in Midwest City Hospital, which was surrounded, they wouldn't give up their identity, so, uh, Oklahoma City, uh, surrounded them. And in Midwest City, about the eight thousand block outside of the heart of Mid...uh, of Oklahoma City when my husband was there with Second Region of RADCOM. Uh, I've started nursing daytime, was in charge of medications, and then I went on, they asked me to come on night duty to help discover to search out, uh, a problem that they had with their personnel at night. And I also, on this, it was the first hospital (phone ringing) I'd ever worked in where they had everything they wanted, didn't have to save on linens or supplies or anything. And, I would have to go from the Med-surgical floor over to the obstetrical floor and start IV's. I mean, gown-up and get, uh, sterile, and start IV's on all the patients in labor, in the maternity ward. And that was a very satisfying (phone stops ringing) experience. Those are the most outstanding that I can name right now.

MS: Uh, when did you come back to West Virginia?

EM: When my husband retired.

MS: What year was that?

EM: 1970. (Sigh) He came, he...he helped move, uh, some of the items that he thought his weight would be too heavy for the military move, final move. And he bought a truck with a cab over it and carried a lot of heavy stuff that we had saved over the years, but, uh, I stayed there and, uh, turned the keys over to the new owners, and cleaned up and then I came in the first of September in 1970. And in about, oh, we began to alter the house, uh, it was in need of repair. Bill's father had passed away, and it had been empty for quite some time, and there was a lot of (clock chiming) repair needed to be done, and we couldn't find anybody to do it, and my husband said, "Well, if I can read, and I can handle a saw, and a nail and hammer..." So we pitched in and to renovate it ourselves. And in the process the local hospital came and asked me to work for them. They were short-handed. And, I, uh...

MS: Now, was this the...?

EM: The Pocahontas Memorial Hospital in Marlinton, practically three doors from my back door. It was very convenient, but the, uh, in fighting, uh, the local professional political setup was left a lot to be desired, and was very unhappy at it, and, uh, finally, one day the straw broke the camel's back and I just resigned.

MS: What kind of work did you do there? What was your job?

EM: When I first started I was just a staff, general duty nurse. But, uh, there was an upheaval in the upper echelons and the di...the administrator insisted that I act, uh, temporarily, as the director of nurses. I was not qualified for such, I felt the responsibility too great. I tried my best, the understanding that I (pause) had of trying in-service education and I didn't get the cooperation from the administrator. And he was rather uncouth, and vulgar, uh, cursing quite a bit when I would appeal to him for borrowing a projector, renting slides, having lectures for the nurses' aides, the LPN's and the other RN's who were there. And it was always very unsatisfactory. "Hell Mac, I don't have the money!" Come to find out, he was pocketing it: he was lining his own pockets and he didn't last too long. But, I resigned. He didn't give me a moment's notice when he was going to push me into a position that I did not want, to be away from my husband for the evening, and I told him so, and I knew why. I had a difference with an old-time doctor that had never had any graduate training. He was just as good a doctor as he was the day he graduated as far as that concerned in the community. But he was old-fashioned. He was not innovative, not the least bit progressive. Unfortunately, he can't defend himself from my thoughts about him. I'm entitled to my thoughts, and he's dead. But I resigned from the hospital. I was unhappy over the situation I was forced into, and I began to take continuing education courses from Morgantown at Denmar. Uh, a geriatric, extended-care hospital in the southern part of the county in 1975. And...I'm running into the same difficulty now. It's not too satisfactory except I love the old people. They need somebody to listen to them. I work at night so that I don't have anybody bird doggin' me (door slams) around in the daytime, falling...finding fault with what I'm doing. I'm my own person in at night. I'm the only RN in the hundred sixty-five bed hospital. I have about thirty-five people that I supervise. And I have a little contention among some of them, like there is every place else in the world today. You can't, like Aesop of ancient Greece, you could not please all the people all the time. (MS: um-hum) But it is rewarding in the fact that I know, I have the satisfaction of knowing, I'm doing the best I know how with all the accumulation of years of experience trying to fit myself into their program. I only work part-time now because of poor health. But it isn't because... the spirit is willing, the flesh is weak.

MS: Now, you've, uh, mentioned to me already that you're not a licensed midwife.

EM: Right.

MS: But that is somewhat of a desire of yours...

EM: Definitely. But you see, it requires just a little more education. And I have started the ball rolling by trying to get the external B.S. degree in, uh, professional arts, which I feel will be helpful. It'll help me with, uh, not having to put in too many academic hours.

MS: Uh, you've mentioned that you have home, given some ho...had some home deliveries that you took care of.

EM: (Interrupting) Yes, and they were very interesting.

MS: O.K. About how many?

EM: Four.

MS: Could you tell me about those?

EM: Well, uh, they've been on a gratis basis because I knew that if I charge for services that, uh, the authorities would get after me. I'm just sort of a good neighbor with a lot of know-how. And I would rather see a woman have her baby in her home environment where there is less chance of infection...situations like that, they're a lot happier.

MS: Could you relate anything of the experiences themselves, as to exactly what you did, how the delivery went?

EM: Well, I still have other people coming to me to ask my advice how to proceed in having a home delivery. I don't know whether I could function now or not due to my part-time work because you never can tell what time the baby is coming and I don't like to obligate myself if I can't follow through. Um, the trend is toward more home deliveries and I would like to be able to retire permanently fr... away from the hospital and just be available when someone wants to have a home delivery. (Um-hum) I don't want any money for it. I don't need the money. My husband supports me very well as a retired Army colonel. And I know I'm doing the right thing. I know I'm not gonna do anything harmful. (MS: Um-hum) And they come to me and I'll sit down and talk to them about ...make the plans ahead of time, how to have a home delivery with what they have (cough) not going to the expense of a lot of fancy equipment that really isn't necessary.

MS: Briefly, what do you tell them to do: what do they have to prepare for?

EM: Well, I really, uh, ahere to the LaMaze, uh, relaxation, breathing, uh, exercises. Get their mind off of, of, uh, the discomfort of the cramping of the contractions. (MS: Um-hum) Get them to breathing and concentrating on that and getting the husband's help too. And the woman is so much happier to be able to have her husband there with her. And it's just a beautiful situation. I don't know of anything, I haven't so far run into any difficulties. (MS: Um-hum) And I haven't strayed from what I was taught, either.

MS: You mentioned to me earlier when we were talking about a lady who came in to the hospital. Would you go over that story with me?

EM: Which one was that? (laughing)

MS: O.K., that was the doctor's daughter.

EM: Oh...

MS: A doctor's daughter...

EM: Yes. Well, here in the Appalachian area, we have counties of (End of Side 1; Begin Side 2) Alright in Appalachia areas, from Maine to Florida, uh, to Georgia really, we have people that want to get back to nature. They want to struggle with the rough earth, and live as naturally as possible. And they are becoming increasingly interested in home deliveries. Uh, they have lots of questions to ask, they are better educated than the people used to be, and they, uh, when they seek it, they're intense in their feelings about it and they follow through. But one night there was a doctor's daughter in one of these communes very dirty from her feet to her knees, wrapped in a tattletale grey shirt with the placental membranes hanging from her. The husband was so enraptured with taking movies of the procedure that the mother was a little bit neglected. And, uh, uh, (husband interrupts with message. Recorder is turned off) A large woman came in, very distraught and she was tense, and all these membranes hanging between her legs, needing a D and C because the uterus had clamped down on the afterbirth. Uh, the baby was dirty. Its umbilical cord was tied with an old brown boot lace and it didn't have anything on except just a dirty cotton blanket. And the hospital didn't permit it in its healthy nursery because of her filth. I just can't imagine (door opens, tape is stopped and started again) The woman fortunately had a successful D and C and was put on antibiotics and recovered, but the situation was not ideal as far as I'm concerned because they were having a regular party, noting every moment of the delivery and all they could talk about was how beautiful it was, when it wasn't really. The condition that she was left in was real sad.

MS: (low chuckle) Have you come across any other interesting circumstances with delivering babies either at home or at hospitals that you'd feel free to relate on tape?

EM: Oh, I think sometimes they take the nurses and poke fun at 'em. I remember assisting a doctor in a breech delivery and it was a little boy and the scrotal area was so swollen and it came out first as the presenting part, and he jokingly told me he thought it was going to be bald, (MS: laughing) which I resented. And the famous phrase for any of them that can remember those years past, uh, if it was a boy the doctor would announce that he had a tea kettle, and if it was a little girl, she was gonna wear lipstick. One winter after I came home, to be with my parents, I went with an osteopath to deliver a baby in a coal miner's camp, uh, the house papered with newspaper. It was just two rooms

and there was a bedroom, and then the living room, kitchen, and eating facilities were all in one room. They had a big, big pot belly, burnside stove, burned coal. And, uh, 'course I didn't really do the delivery, but I took care of the baby for the doctor. And, uh, I sort of admired him, uh, of a distance, because when I graduated from high school he graduated from osteopathic college and he was pretty gung-ho on deliveries. And he would give an osteopathic adjustment every hour. He had, uh, rented a large home and converted into an obstetrical clinic. And I remember a particularly... one case where a woman had and her husband been married for several years and wanted a baby so strongly that she submitted herself to regular osteopathic treatments. And when she went into la... when she got pregnant they were thrilled. And the day that she began to have contractions, uh, the doctor would give her an osteopathic adjustment once every hour. I had never seen a woman able to control herself, at that time, like she did.

MS: Now, what was an osteopathic....?

EM: This, uh, this he had this big residence on East Main Street in Clarksburg, he had converted the upstairs into bedrooms and a delivery room. He didn't have a gurney to carry her, he picked her up, she was a small one, picked her bodily and took her into the delivery table and, uh, prepared to wait the presenting part and she was up on her elbows watching him and saying "Oh, for goodness sake, for goodness sake! Isn't this wonderful?" She had no pain whatsoever.

MS: You mentioned the adjustment stuff. What was that?

EM: Osteopathic adjustments?

MS: Right.

EM: They, well, you have to understand osteopathy. A lot of the MD's resent an osteopath. I don't know why. It may be professional jealousy. I'm not sure. But I do know from my own personal experience of having suffered from frozen shoulders, both of them, plus a sprained back from a fall that their theory. Dr. Steele when he was in med school had a classmate that was crippled and when they were learning the manipu--the manipulation of the joints and keeping them in proper alignment, his friend got better and they theorized on the result and ost...osteopathy was born. "Osteo" meaning bone, therapy is what it amounts to. But not only do they have the qualifications of a full-fledged MD, they have two added years of education of the bones and their unions and you kept them health...in alignment, you maintain your bodily health. And old, uh bone-setter Riis, a famous football, uh, osteopath, took care of one of the Cal, I believe of the California football team and got them back into play by putting, keeping, putting the bones back into their proper position. If they had a sprain, or a dislocation, they called Bone-setter Riis, I think his name was spelled R-i-i-s, probably a Dutch name. But a lot of football teams or athletic teams have an osteopath available to be able to put the bones back in proper alignment. And, uh, the only thing I ever saw this

osteopath do was just, uh, go up and down the spine and put the bones...relieve the pressure in certain areas. And his name was Leroy Sparks. He went to a Kirkville, Missouri school. I remember when he was in high school. I was in junior high and he worked part-time as a clerk in the A & P store. And he had a ukelele and a girl that palyed the piano, and he gave musical reading. And I was taking elocution at the time to bring me out of my bashfulness, incidentally, which went the way of all...disappeared when I became a nurse because I was taught to go in and present myself to a patient and announce that I was to do their care of the morning. And, uh, I soon learned to overcome my shyness but it took a long time. But, anyway, uh, I had, uh, always admired Dr. Sparks when he was a high school kid and I was in junior high. I thought he was a real pretty man. Like the children, er, girls of the age, boys too will fantasize, but when he needed help in a home delivery, I was willing to go with him. And he was making a great headway with his obstetrical practice, and the MD's in Clarksburg got together...He had just bought a new X-ray machine and was making great headway with his obstetrical practice when they forced him to be drafted. And he was sent to Ft. Hayes, Ohio. The Army would not recognize osteopathy at that time and he became an orderly rushin' bedpans at Ft. Hayes, Ohio.

MS: That's a shame.

EM: Yes, it is. Man's injustice to man. And when I was, when my husband was at the Pentagon, the doctor who lobbied with Congress and obtained recognition for the capabilities of an osteopath in 1956, still lived in Alexandria, and his son was an osteopath, and I met both of them. Delightful people!

MS: Do you recall their names?

EM: I don't remember his name right now. I didn't hear it often enough but, uh, osteopathy has its place in health care. And I actually have seen many women delivered with osteopathic adjustments during their active labor, and absolutely no problems whatsoever. And the women were just utterly amazed and they were ready for their next baby. They didn't have any of this fearsome Granny stuff to create confusion. It's beautiful. And then LaMaze method comes out, and I've...it's by far the best. And you can, as the baby crowns, if you will just take your fingers and massage the fourchette at the floor of the vagina, and you can stretch that out using a little pressure and keep massaging that way and get, keep the mother with her regular breathing and her husband helping her, getting her mind off of the discomfort. And she knows when the contractions come, and she knows when the bearing down time comes, she doesn't have to be told. There wasn't, I, I haven't had a tear at all. And they're prepared and they know what to expect. It... they, you... the cooperation is beautiful. It's a far cry from twilight sleep that Dr. Cotts used in the District of Columbia.

MS: What type of superstitions, ol' wives tales or whatever, surrounding pregnancy and birth, have you run into in this area?

EM: Oh, here? (MS: Um-hum) Eat, eat, feed for two, eat, eat! That is, the grannies. And, of course, uh, fashion world has come out with a little more, uh, uh, a prettier type of maternity outfit. They don't look like they used to in their ol' Mother Hubbard. And of course, the doctors do discourage the excess weight because it makes for eclampsia...which can mean death to both of them...(MS: Um-hum) If it's not treated properly. And they watch their weight. They, the doctors have a different attitude altogether. They don't like to have home deliveries. They're more prone, now the...uh, some of them will, in emergency, they'll meet you at the hospital, but I think the acceptance by the younger generation is going to bring them around to it. We're getting a group of doctors in here who believe in GP's. That's their sole purpose in coming into this Appalachian area...to do some home practice.

MS: That's good.

EM: And that's the way they all started. (MS: Uh-hum) Really.

MS: So, you think in the next few years we're gonna see the...

EM: I think there will be more of them.

MS: ...home visit by the doctor come back into style?

EM: I think that the mother will be more prone to have her baby at home with the family where there will be less contamination. Oh, staph infections in the hospital is the worst plague that could come to anybody. And hospitals are prone because there's always somebody to break the technique. No matter how many times you wash your hands between patients, even each baby. Staph can travel through the air ducts. And a staph breakout is just, well it decimates the babies; it's bad. (MS: Yeah.)

EM: And impetigo is another one, poor cleanliness. Somebody..."Oh, I just won't bother this time." That may be the very time that they're makin' bad contact, a dirty contact. And you've got to be as scrupulously clean as you possibly can. I remember the Miss Linroot who worked in the, uh, for the Public Health, wrote a book. She was a graduate of our hospital one of the first that was accepted there in the government, uh, pre and post-natal care and the diagrams were very plain. But it showed a mother how she could prepare her bed protection, uh, with a shower curtain over the mattress. And over top of that take several layers of newspaper and uh, uh, clean cloth, and it can be an old sheet, an old flour bag, CLEAN, and stitch it around, uh, tied knots like a quick comforter that's familiar to people in Appalachia, and pad the bed with that. Uh, don't necessarily have to have the latest, uh, legal scale. Uh, the baby doesn't have to weighed. You don't have to give an enema. Babies have been born, uh, without it because when that presenting part is there it shuts off that mechanism. (MS: Um-hum) And it's up to the nurse or the attendant to see to it that the newborn babe doesn't get contamination into the umbilical cut area because that could set up bad infection.(MS: Um-hum) The best thing is the most important thing and you need to prepare

the breast by, uh, if you intend (Clock chiming) to breast feed scrub the nipples thoroughly with soapy water, twice a day, rinse it, dry it, and a splash of alcohol, will toughen the nipple tissue. And you won't have fissures or bleeding or any difficulties with the baby and it won't hurt the mother. I speak from experience because I learned first-hand in the visiting nursing there in Washington, D.C. that the mothers who would, wanted to do that prepared themselves ahead of time, they had no problem. And I had a home delivery one time that (pause) he worked for the agricultural department. They lived in a small apartment. They were from Utah, they were Mormons. They wanted a home delivery. And the woman was just as flat-chested as a man. But I persisted with her and worked with her, with the baby, and that baby brought her inverted nipples out. We worked as a team and the father was encouraging too. And that was about one of the earliest deliveries that I experienced, that I had outside the home, I mean outside the hospital. And, why they were so pleased and she developed the most beautiful bosom you ever saw. But she persisted, she didn't give up. She was delivered on the dining room table. (MS: Um!) And the daddy helped her shove he supported her at her back. (Softly) It can be done.

MS: Yeah...Why I wanna thank you. You've really given me a lot of good information and just the talk before the interview too, was very interesting...family history...

EM: I didn't mean to give you all that personal information be...

MS: Well, I enjoyed it.

EM: But it does help you understand my attitude toward pre- and post-natal care.

MS: It sure did. And I want to thank you very much, Mrs. McNeil.

EM: You're welcome.